

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-020343

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2774

FILED MAY 29 1963

VS 300
Rev. 4/59

1
270952

3

4 0

5 1

6

7 0

8 2

9420.1

10

11

1290-2

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Raymond W. Hanna, M.D.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b minutes	c. CITY OR TOWN Independence Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10927 E. 40 Highway		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1115 West College Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charles Middle Thomas Last Thompson		4. DATE OF DEATH Month May Day 11 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-30-1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assemblyman		10b. KIND OF BUSINESS OR INDUSTRY Fisher Body	9. AGE (last birthday) 55
11a. FATHER'S NAME William Thompson		11b. MOTHER'S MAIDEN NAME Margaret Ellen Galvin	11. BIRTHPLACE (City and state or country) Independence Missouri
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Thompson		13b. MOTHER'S MAIDEN NAME Margaret Ellen Galvin	
14. NAME OF HUSBAND OR WIFE Nellie J. Thompson		15. SOCIAL SECURITY NO. Nellie Thompson 1115 W. College Indep. Mo.	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident. DUE TO (b) Past Coronary Embolism DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		17. INFORMANT Nellie Thompson 1115 W. College Indep. Mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from 8-27-62 to 5-11-63 and last saw him alive on 5-11-63		22. DATE SIGNED 5/13/63	
22a. SIGNATURE Raymond W. Hanna, D.O.		22b. ADDRESS 10927 E. 40 Hwy	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-14-63	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	23d. LOCATION (City, town, or county) (State) Independence, Missouri
24. FUNERAL DIRECTOR Geo. C. Carson & Sons Independence, Mo.		25. DATE RECD. BY LOCAL REG. 5-13-63	
26. REGISTRAR'S SIGNATURE Ruth Long			

(Licensed Embalmer's Statement on Reverse Side)

10927640
A. Dorn
- 3 4
2000

or by _____, Student Embalmer No. _____

Student _____

Signed Marshall C. Blackwell

P. O. Address. Raytown, Mo.

If this body is not embalmed, fact should be so stated above.